WESTPAC 2000

After Action Report/Lessens Learned

Underway Replenishment

Topics

- equipment
- consultation
- case review
- philosophy

Ancillary/Misc

- blood bank
- lab diagnostic equipment
  - reagents
- anesthesia equipment
- XR - digital, radiol review
- IVF, meds
- ICU - monitors, ventilators, supply

Endoscopy

- EGD
- colonoscopy
- bronchoscopy
  - clo test
  - bx
  - gear maintenance

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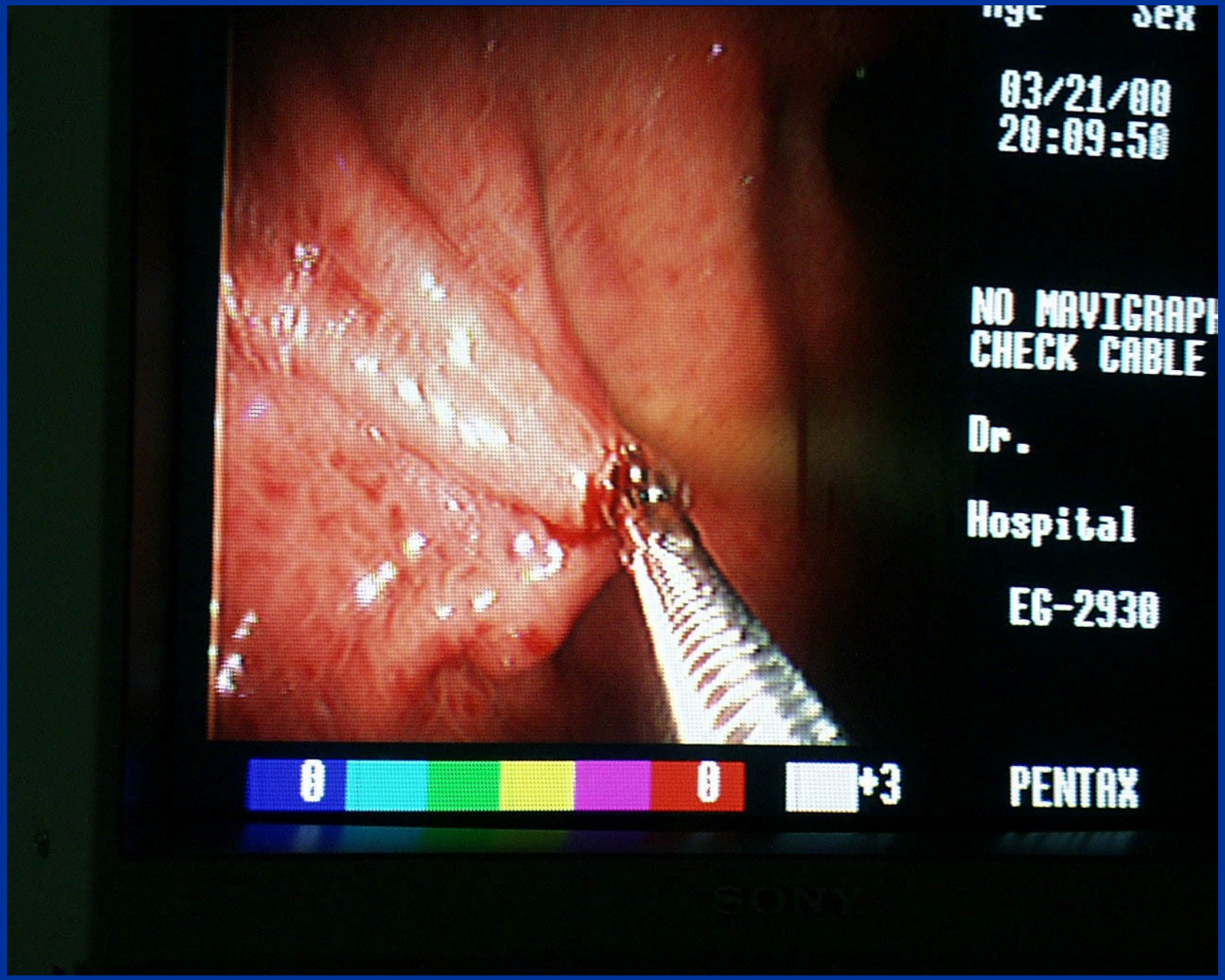
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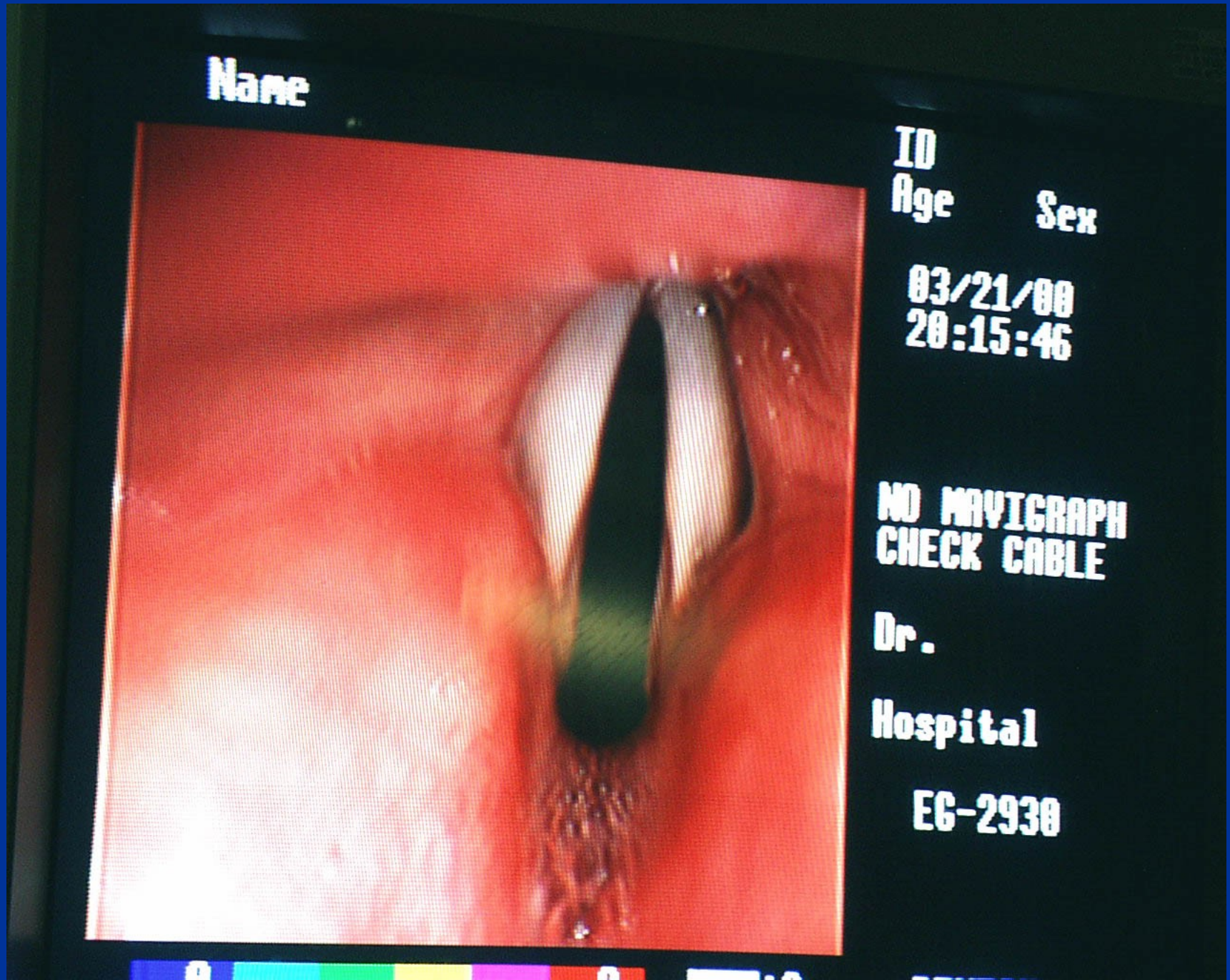
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Laparoscopy

- difficult obtaining
- AMAL item
- helpful
- gear maintenance
- “accessory” items

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Ultrasound

- prenatal dating - medevac implications
- biliary
- thyroid
- soft tissue abscess
- scrotal mass
- tech training

ALOKA
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AREA-E
AREA-T
NEXT
TRACKBALL FUNCTION
POSITION
MEASUREMENT
MENU
FOCUS

Equipment/Supply

*A special note should be made emphasizing the difficulty in obtaining and maintaining supplies. This is the single most limiting factor of practicing medicine on board. Obtaining a few small items took 2 ½ months to obtain after the funding was approved. Even obtaining the supplies already on board in the supply storage system was unnecessarily difficult. All supplies should be thoroughly reviewed, large working stock stored in medical ready for use, and missing items obtained before departing for

Consultation/Telemedicine

- Video teleconference not helpful
- Email and digital pictures
  - high quality digital camera mandatory
- POTTS line
- Balboa (other major MTF) emergency room
- Local native assets

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Interesting or Unusual Cases:

- Multiple Gunshot wound to torso
- Adnexal Mass
- Complex extensor Tendon Laceration
- Painful scrotal mass
- Complex leg laceration
- Perforated appendicitis with abscess requiring ICU care in Bahrain, subsequently recovered aboard ship.
- Strangulation
- multiple hand injuries
- Several outbreaks of gastroenteritis – need lots

Multiple Gunshot

- 20s male USMC live fire training
- SAW - torso
- medevac from field
- Kuwait Armed Forces Hosp
- USAF team with USN
- pulmonary contusion, liver laceration, renal laceration, multiple colon and small bowel, psoas, femoral nerve, iliac crest

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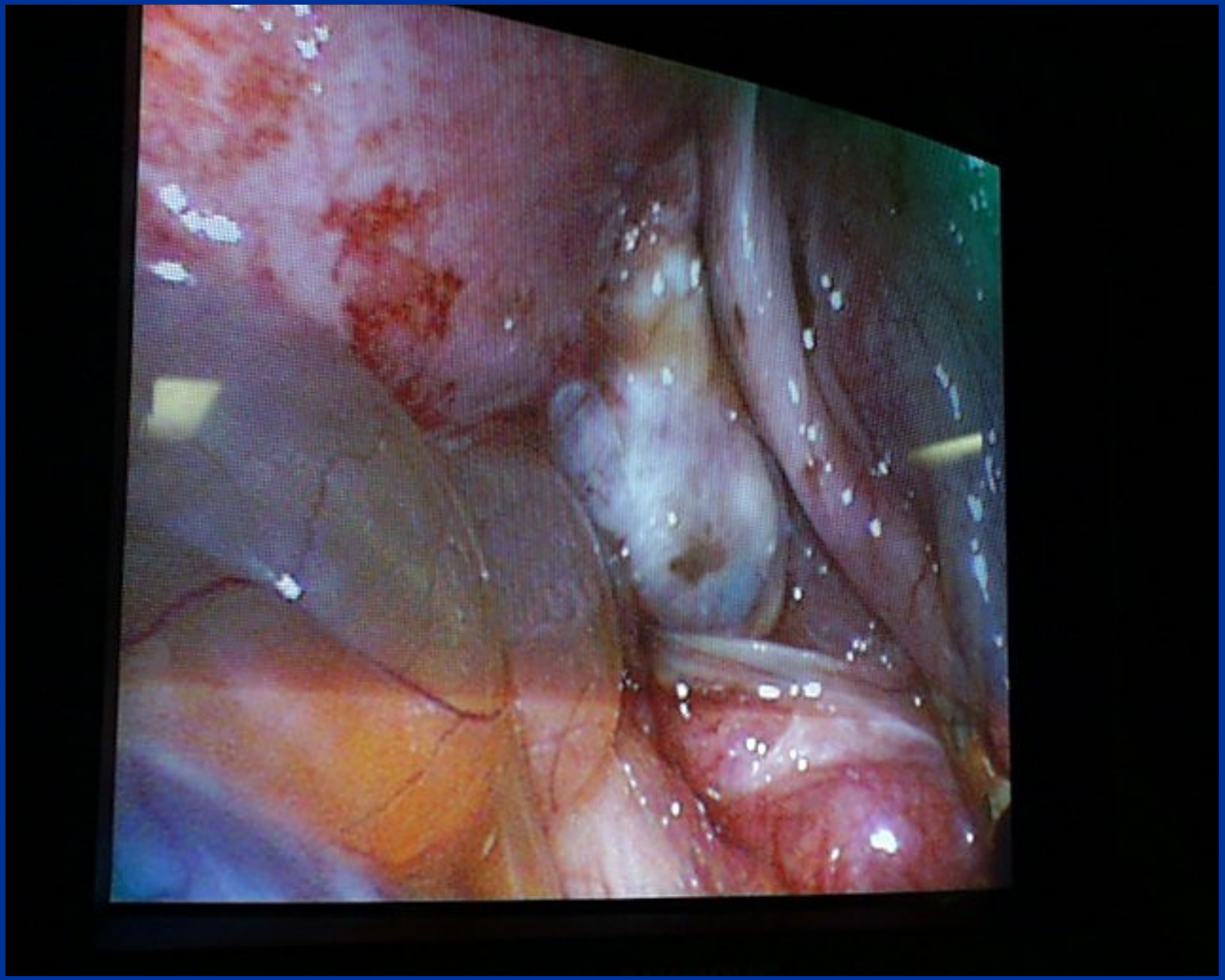
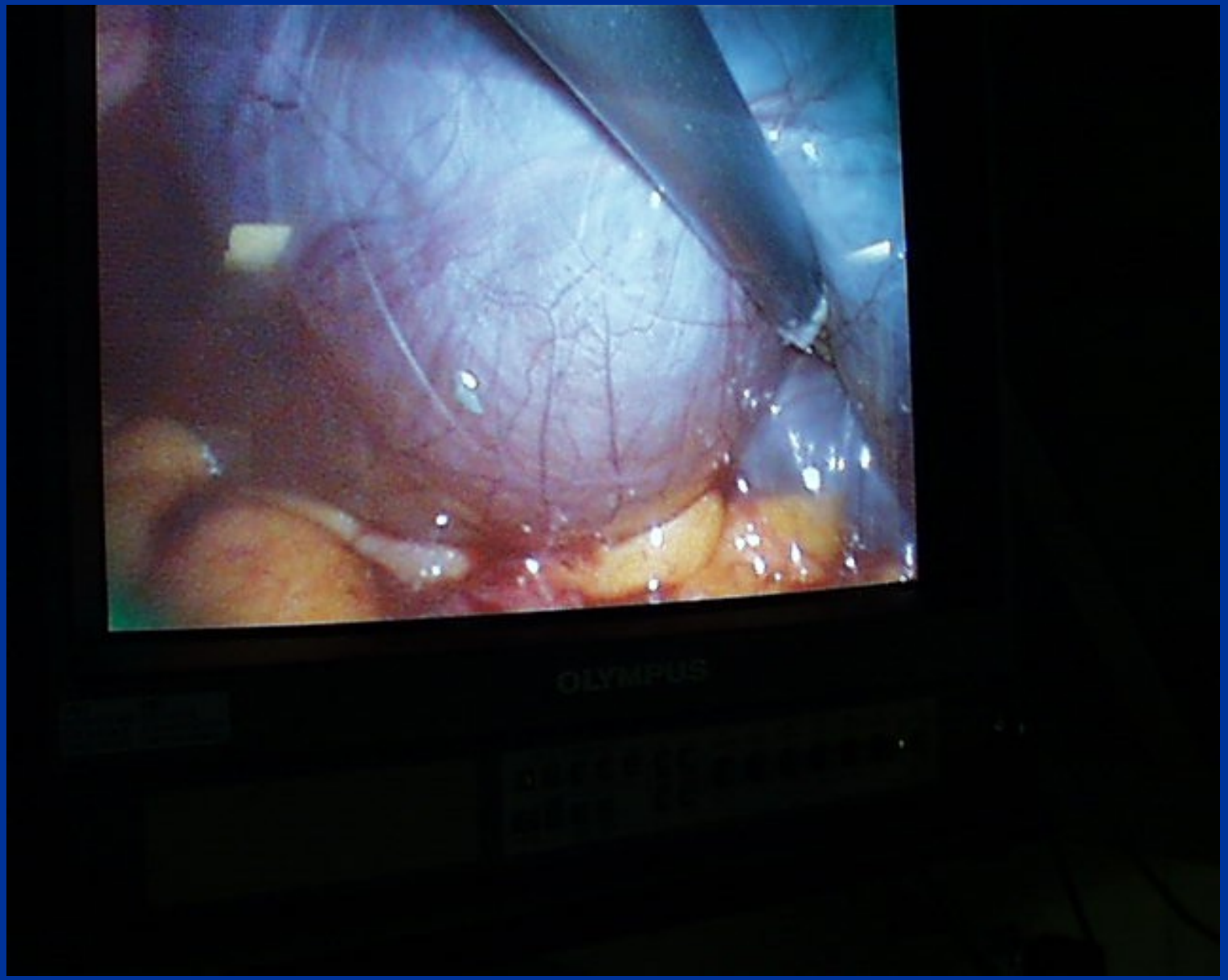
Adnexal Mass

- 30s y.o woman with acute abdomen
- dx laparoscopy - complex cystic mass
- consult gyn-onc and radiology
- medevac

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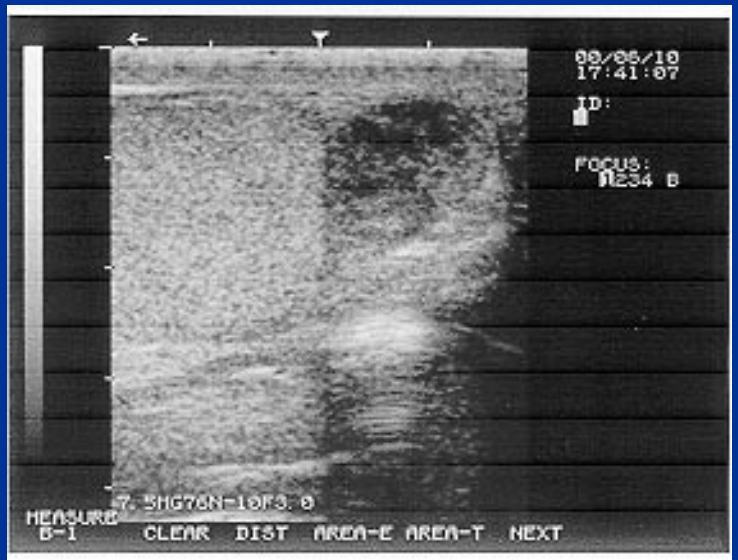
Tendon Laceration

- 20s yo male USMC fell through glass
- brought to incorrect clinic by shore patrol
  - local hospital would have done well
- shore patrol HM recognized extent of injury
- BHR - surgery
- medevac

Scrotal Mass

- 20s yo male with several days of scrotal pain and longer hx of lump
- PE: tender mass, no torsion
- Ultrasound - testicle vs extra testicular
- radiol, urology
- medevac timing
- urgent orchiectomy?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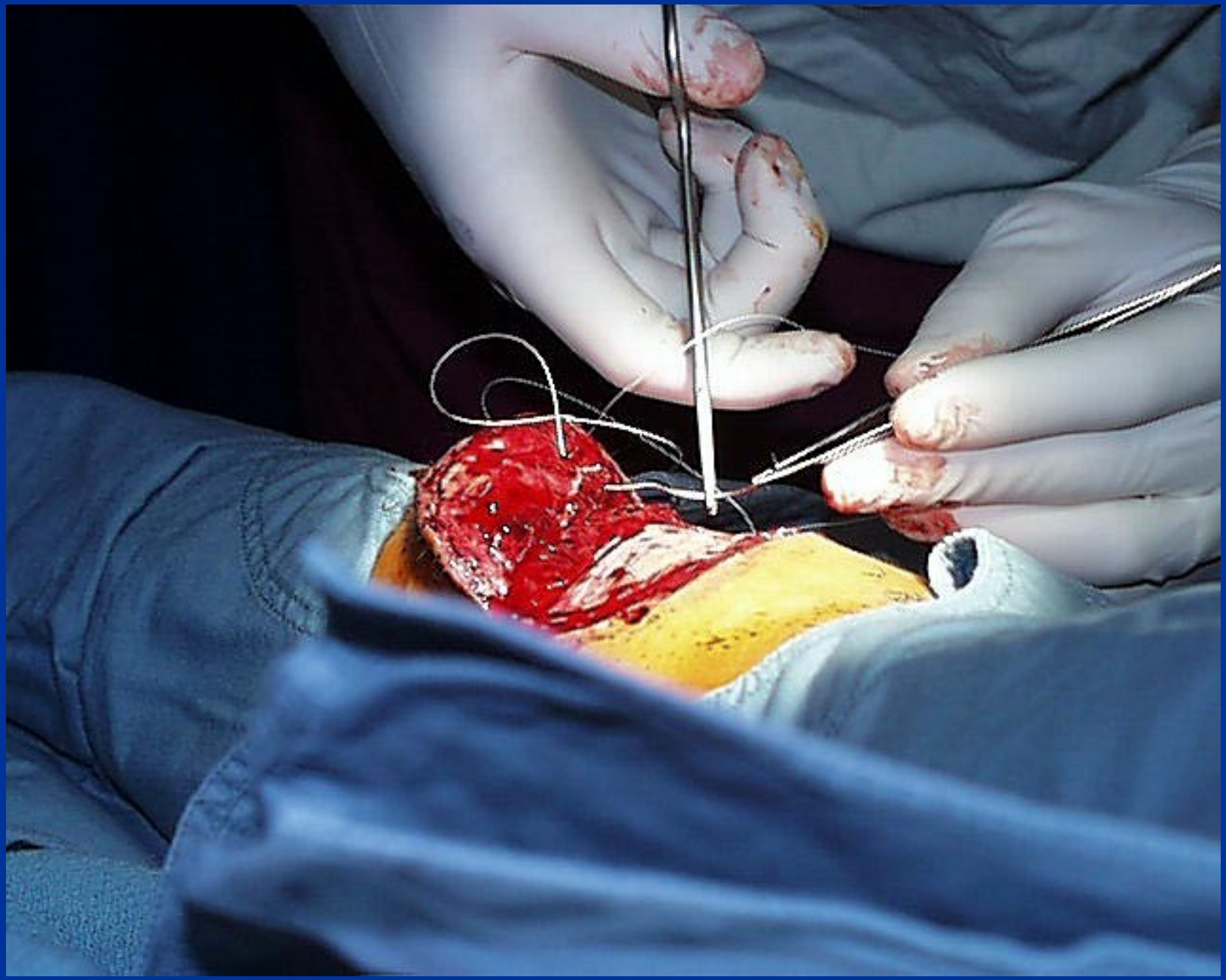
Complex Leg Laceration

- 20s yo USMC male
- liberty incident, glass
- shore patrol to wrong clinic
- surgeon conincidently on duty on BHR

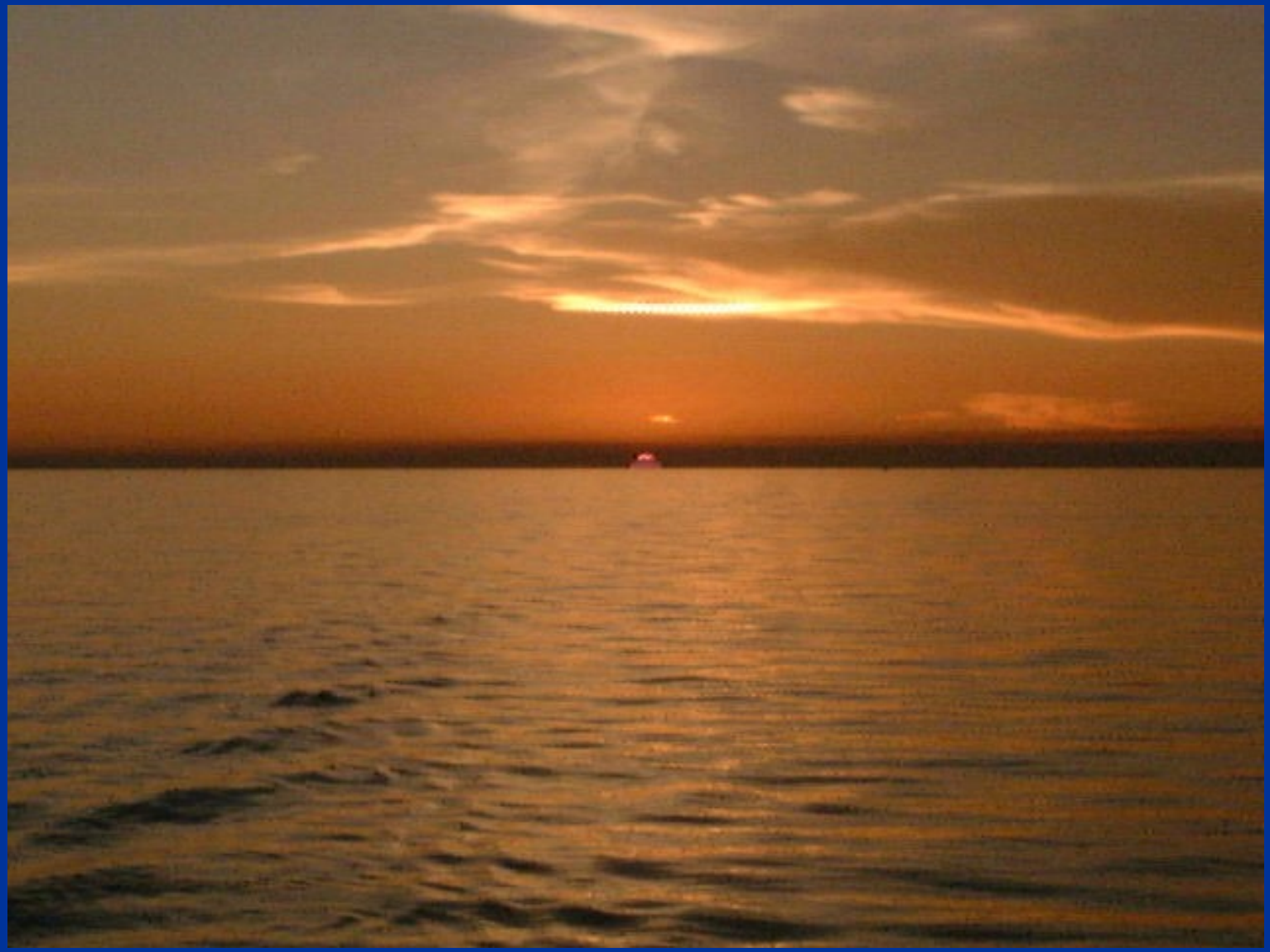


Perforated Appendendicitis

- 30s yo male presented to his ship med with 1 1/2 weeks abdomenal pain
- surgical referral
- perforated appendix removed
- post operative prolonged ileus, malnutrition, potential abscess
  - re-explore? medevac timing and where?
- Bahrain hosp - ICU, CT drainage, TPN, dehisce
- returned to BHR for long term recovery

Strangulation

- fight and choke to unconscious
- late worsening hoarse, neck pain, low grade temp
- esophagoscopy, laryngobronchoscopy
- neck XR



Issues on the “Frontier”

- “elective” surgery
- when to medevac
- consultation
- liberty port coverage
- professional relationships

- scar revision 1
- hemorrhoidectomy 3
- hernia 2 incarc*, 7 elective 9
- vasectomy 28
- pilonidal cyst 4
- misc bx 19
- appendectomy * 3
- hydrocoelectomy 1
- circumcision 6
- complex wound repair* 2
- dx laparoscopy * 2
- EGD 5
- tracheobronchoscopy 2
- colonoscopy 3
- total 88

Medevac

- timing and method
- safety
- CONUS vs local
- escort and level of care en-route

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Liberty Port Coverage

- medical gaurdship
  - MO, admin
- well informed shore patrol
- communication
  - cell phones
- “smart packs”

Consultation

- LHD/LHA referrals
- consults to CONUS

Philosophical

- CATF surgeon and SMO
  - partners vs adversary
- Surgical staff
- Family Practice staff
- Anesthesia staff
- Nursing staff
- HM staff
- integration
- wardroom

NO RUNNING

Anchor
Man
And the
Oak Leaves